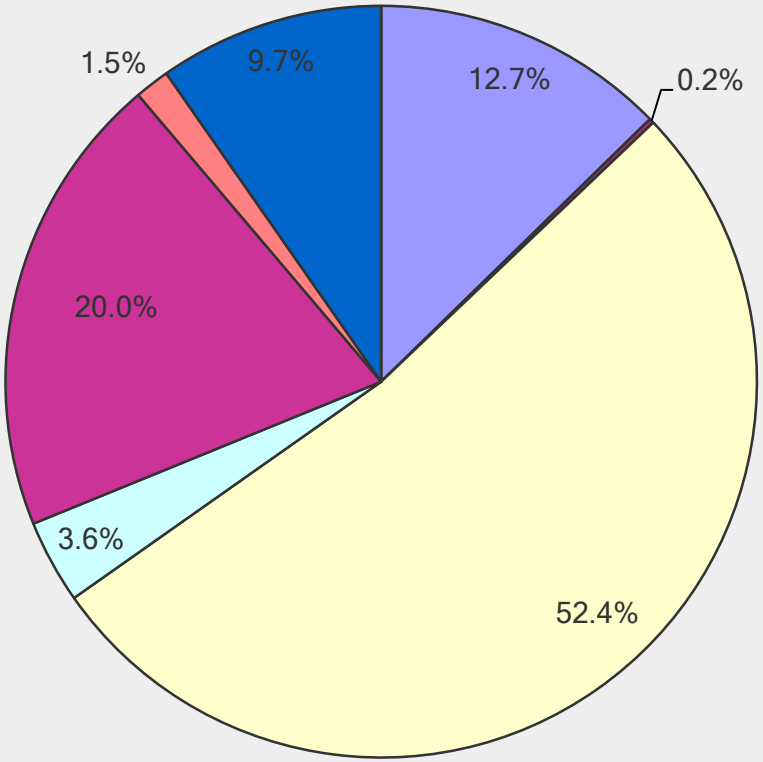
Healthcare Provider & Administrator MDRO Survey

Antibiotic Resistance Advisory Committee

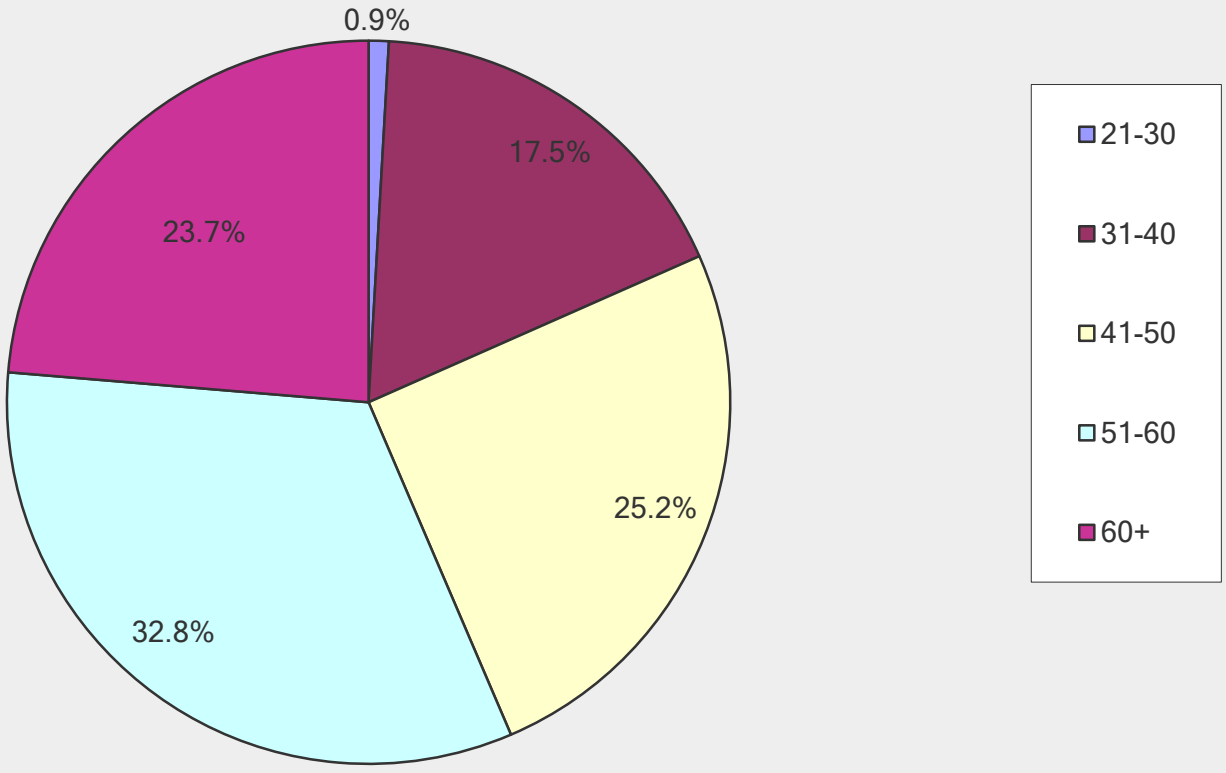
August 8, 2013

What is your profession?



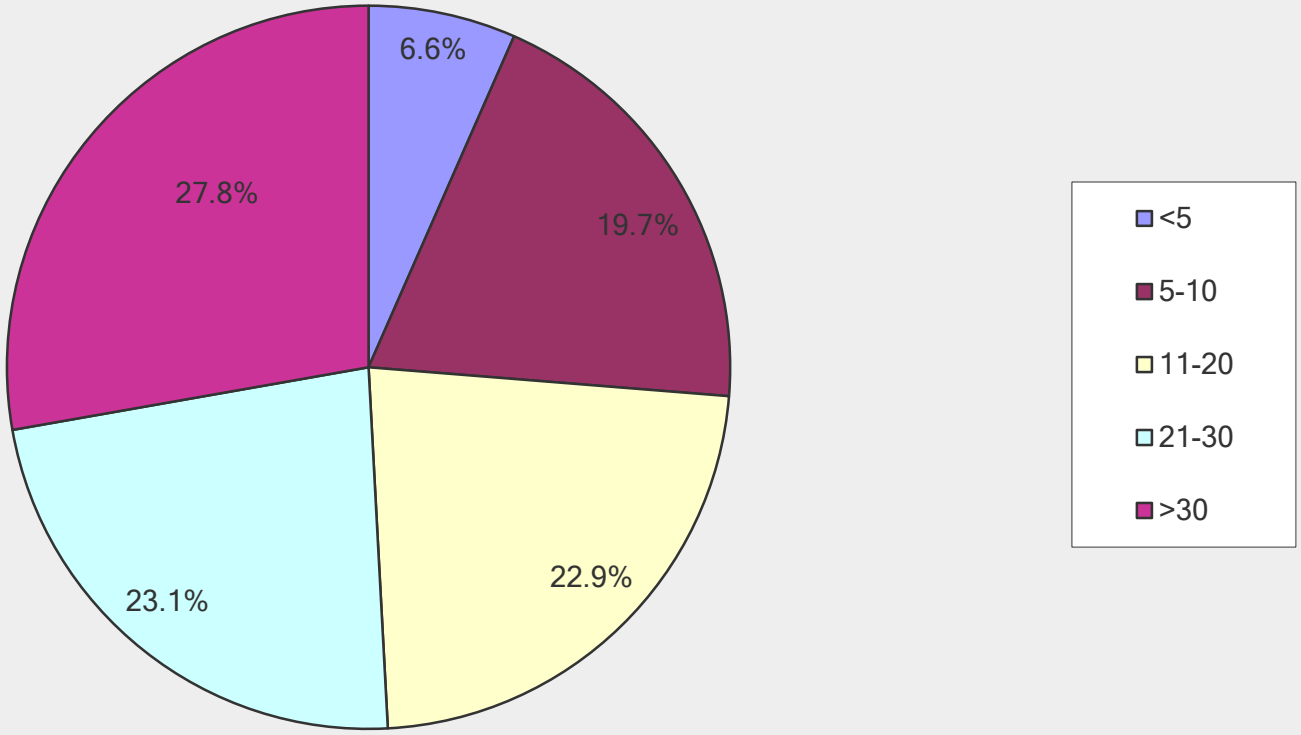
n=466

What is your age?



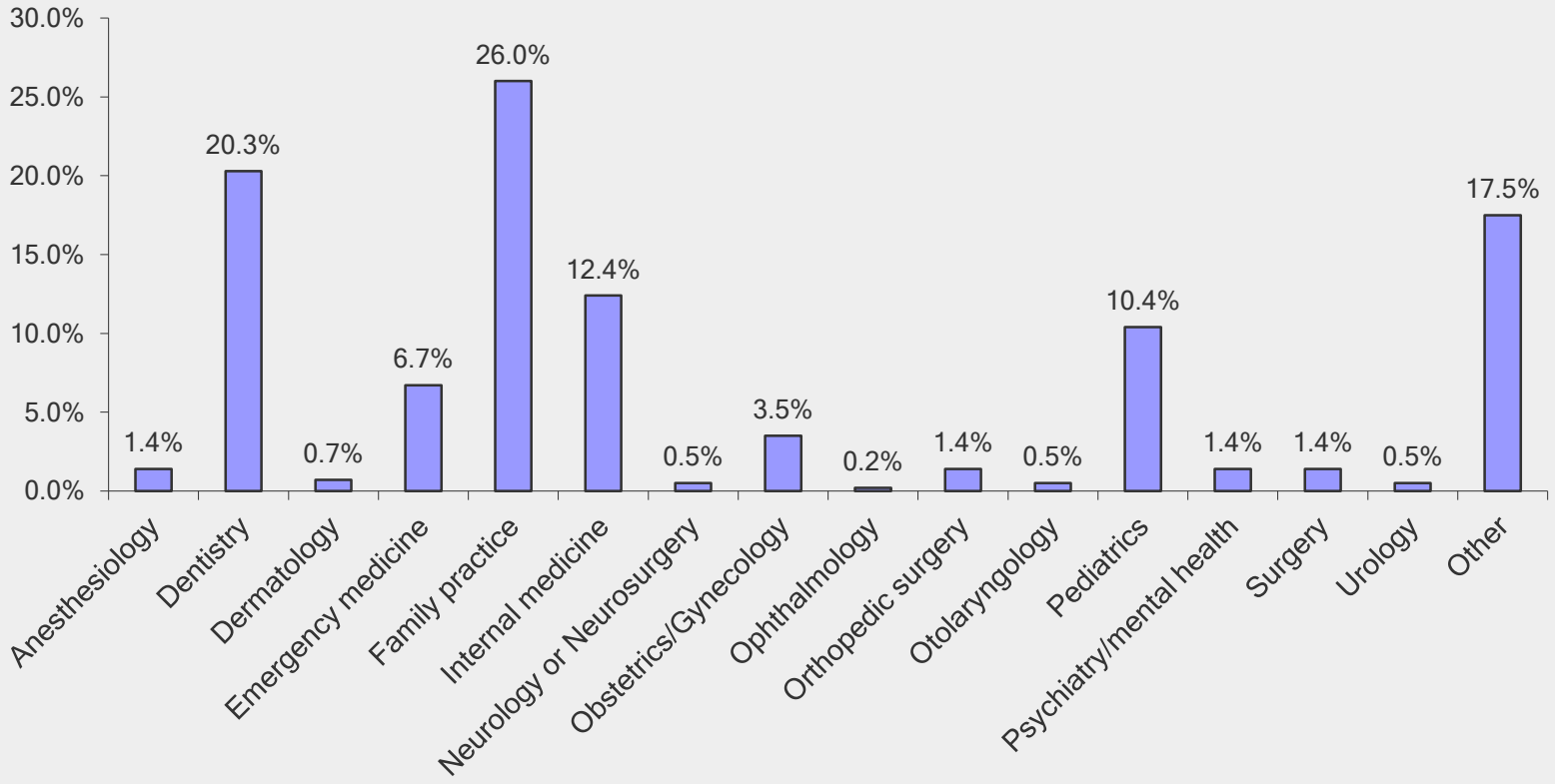
n=469

How many years have you been practicing?



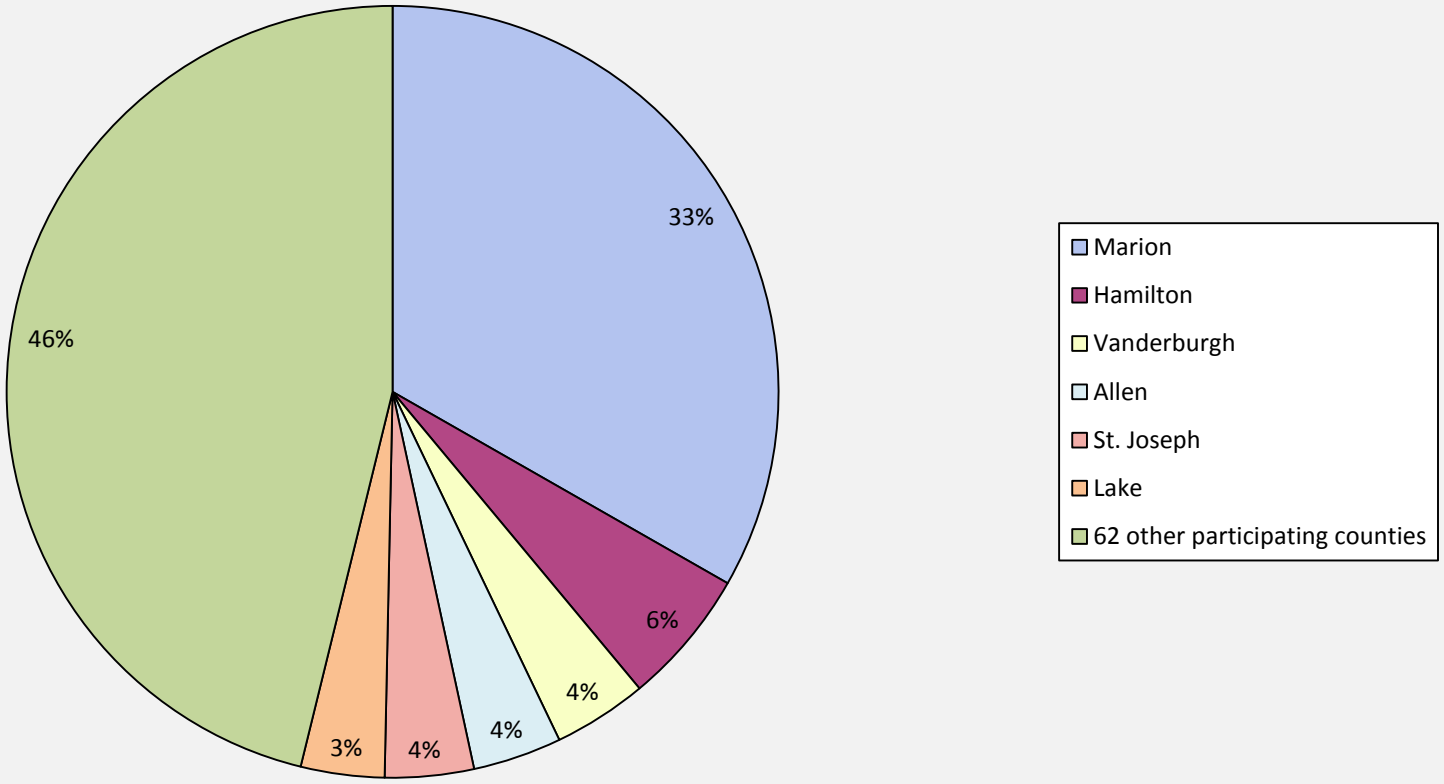
n=468

What is your specialty?



n=434

What is the county of the healthcare facility or practice where you spend the majority of your time?



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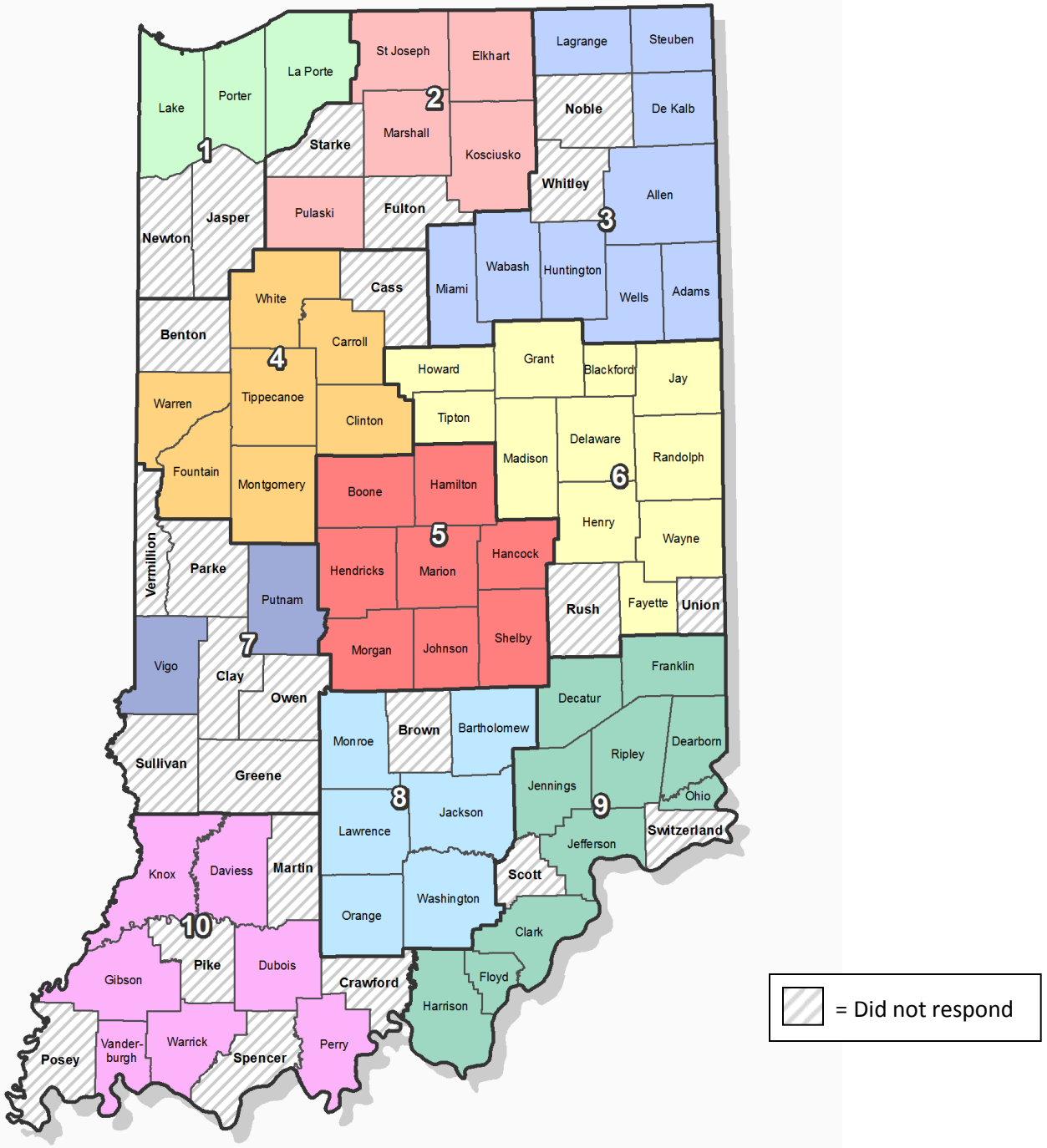
Lake
Porter
La Porte
St Joseph
Elkhart
Lagrange
Steuben
1
2
Marshall
Kosciusko
Noble
De Kalb
Starke
Pulaski
Fulton
Whitley
Allen
3
Newton
Jasper
Cass
Miami
Wabash
Huntington
Wells
Adams
White
Carroll
Benton
4
Howard
Grant
Blackford
Jay
Warren
Tippecanoe
Clinton
Tipton
Madison
Delaware
Randolph
6
Fountain
Montgomery
Boone
Hamilton
Henry
Wayne
5
Vermillion
Parke
Putnam
Hendricks
Marion
Hancock
Rush
Fayette
Union
7
Vigo
Clay
Owen
Morgan
Johnson
Shelby
Franklin
Decatur
Monroe
Brown
Bartholomew
Ripley
Dearborn
Sullivan
Greene
Jennings
Ohio
8
Jackson
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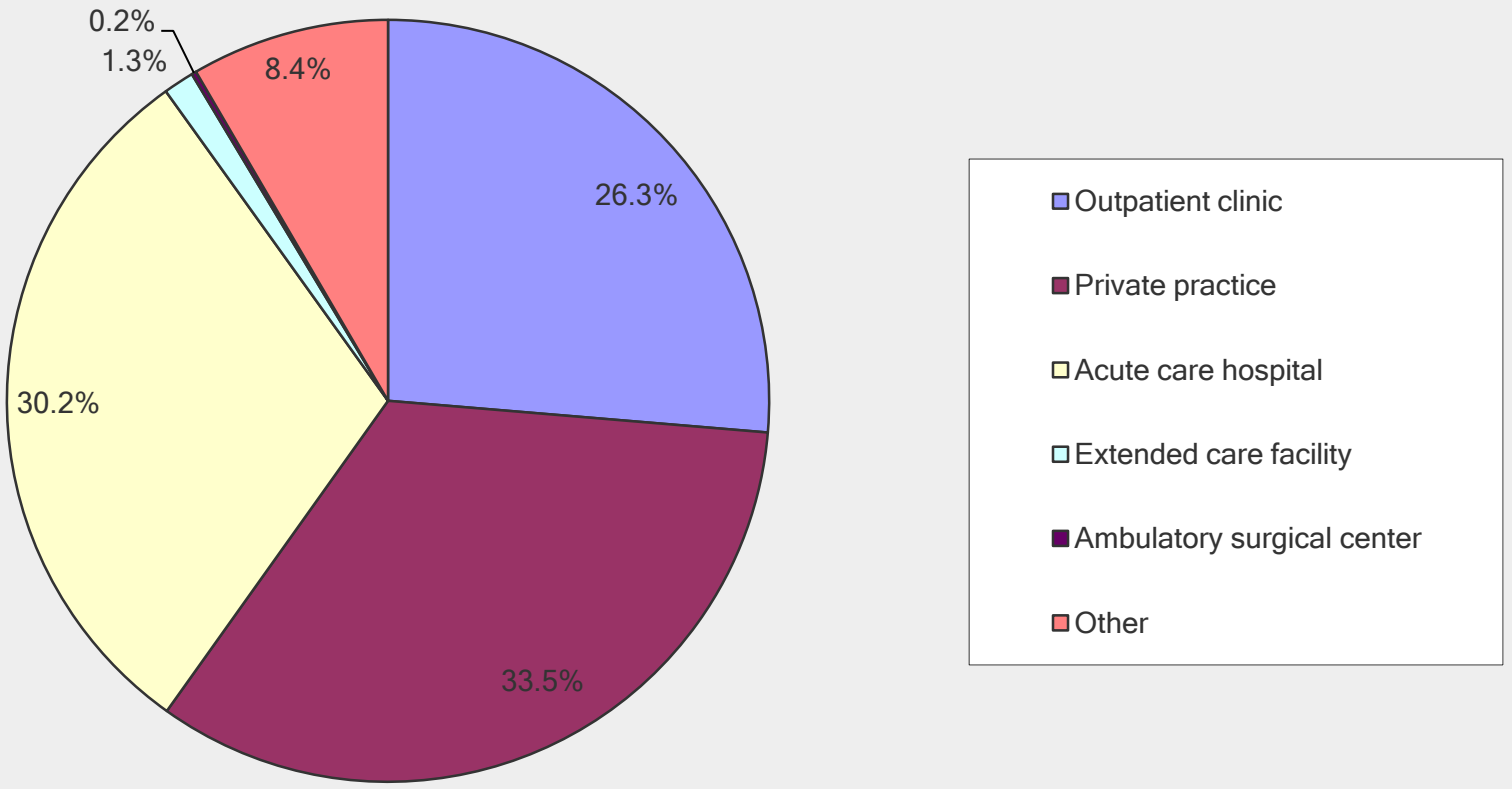
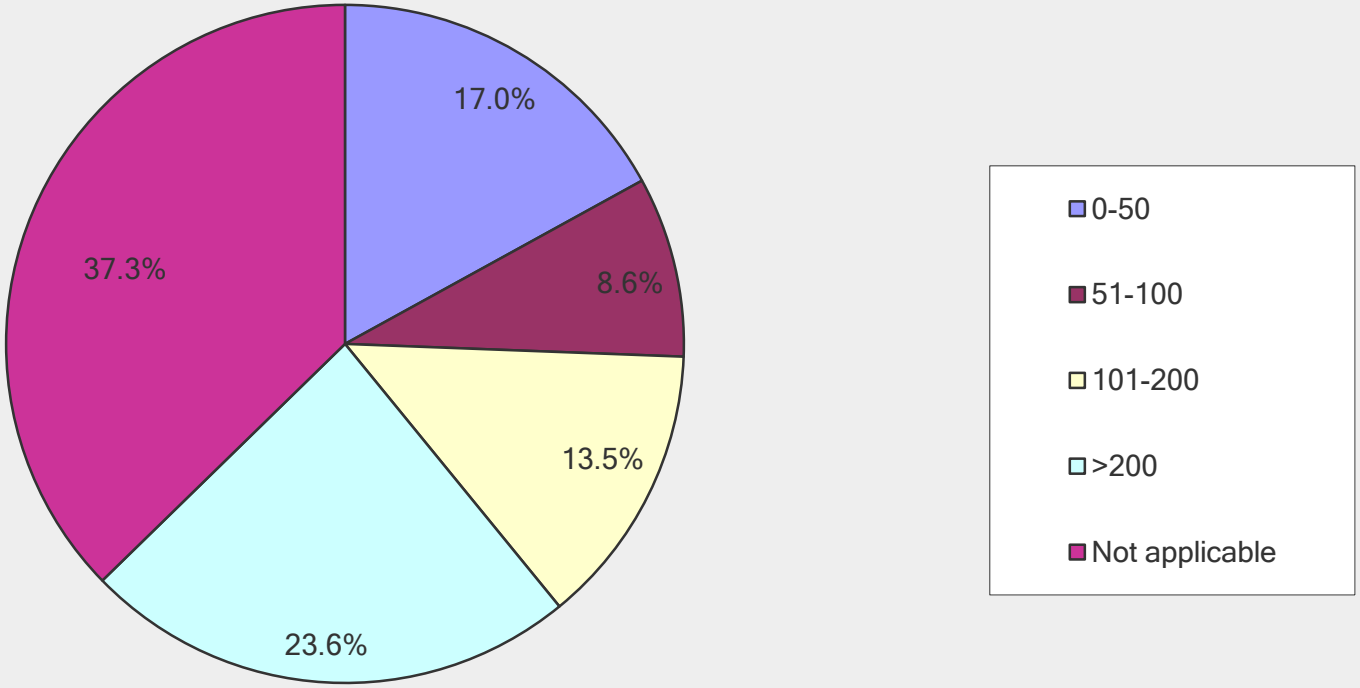
Lawrence
Switzerland
Jefferson
Knox
Daviess
Martin
Scott
Orange
Washington
Clark
10
Pike
Dubois
Floyd
Gibson
Crawford
Harrison
Vander-
burgh
Warrick
Spencer
Perry
Posey
= Did not respond

What is the type of health care facility or practice where you spend the majority of your time?



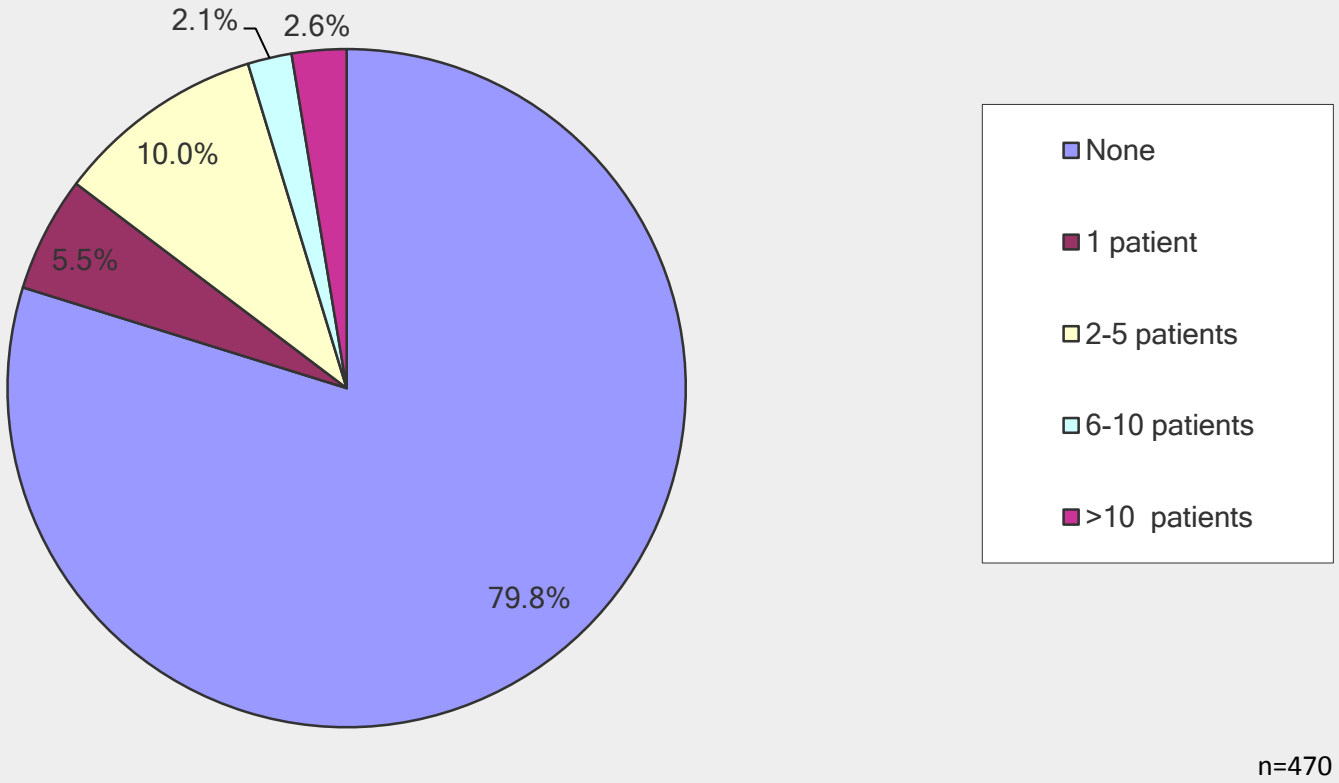
n=463

What is the bed size of health care facility where you practice the majority of your time?



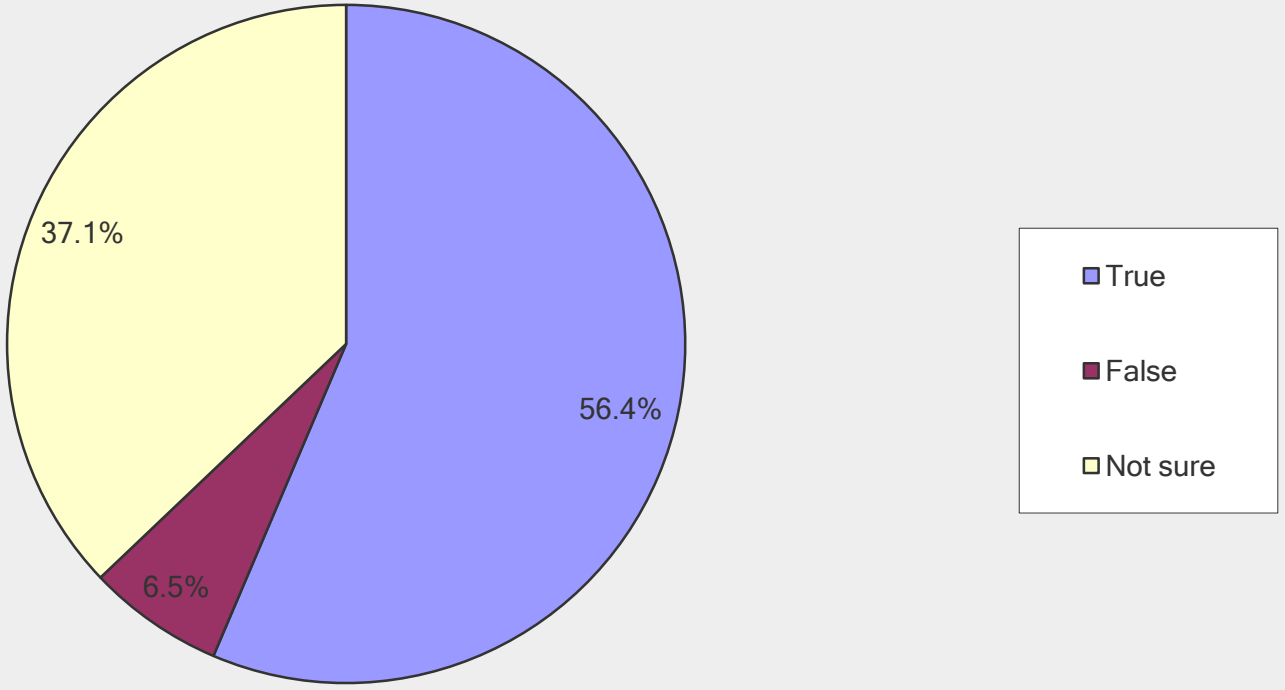
n=466

In the past 12 months, how many patients have you cared for who were known to be colonized or infected with CRE?



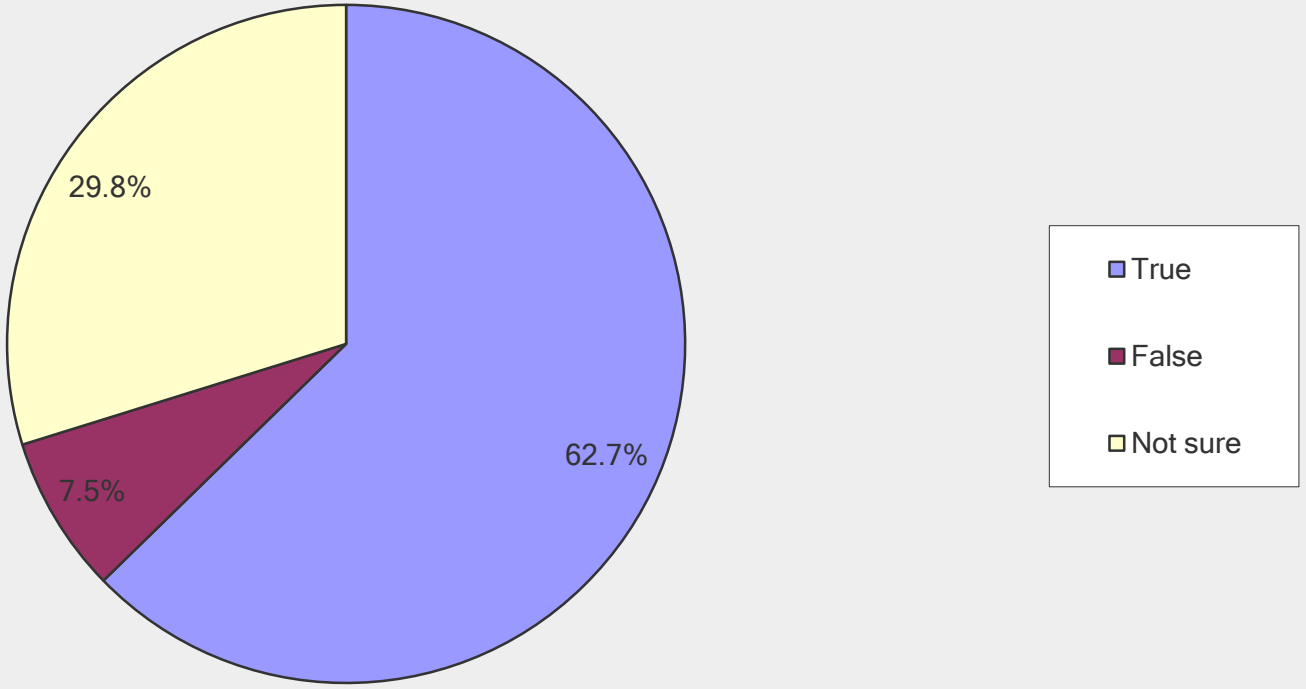
n=470

The majority of CRE infections have occurred in patients with substantial healthcare exposure.



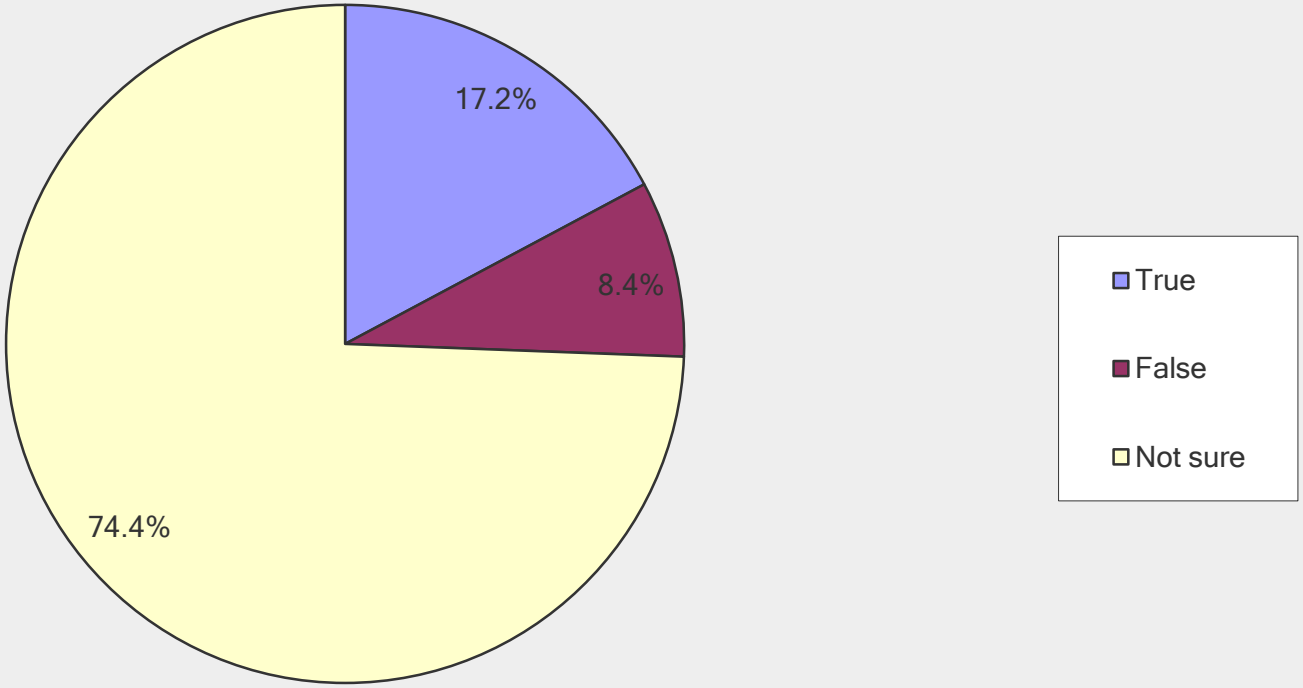
n=463

Microbiology reports for CRE cases typically reveal resistance to all commonly used antibacterial agents.



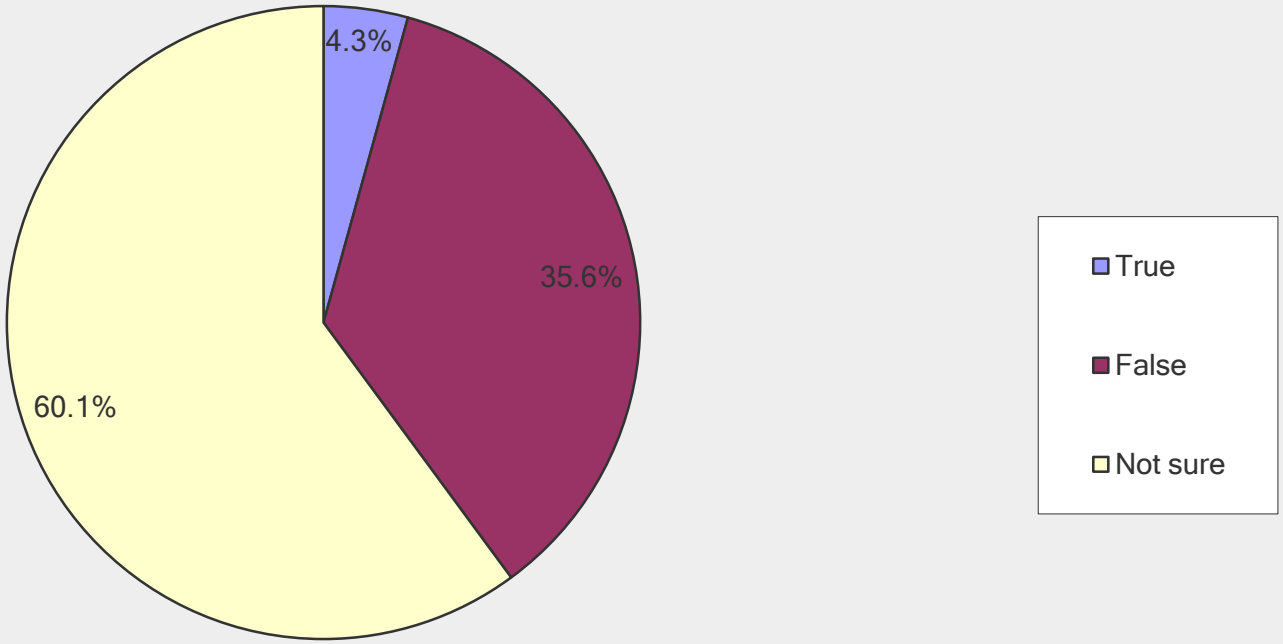
n=467

Your health care facility laboratory performs CRE testing using January 2012 CLSI M100-S22 breakpoint guidelines.



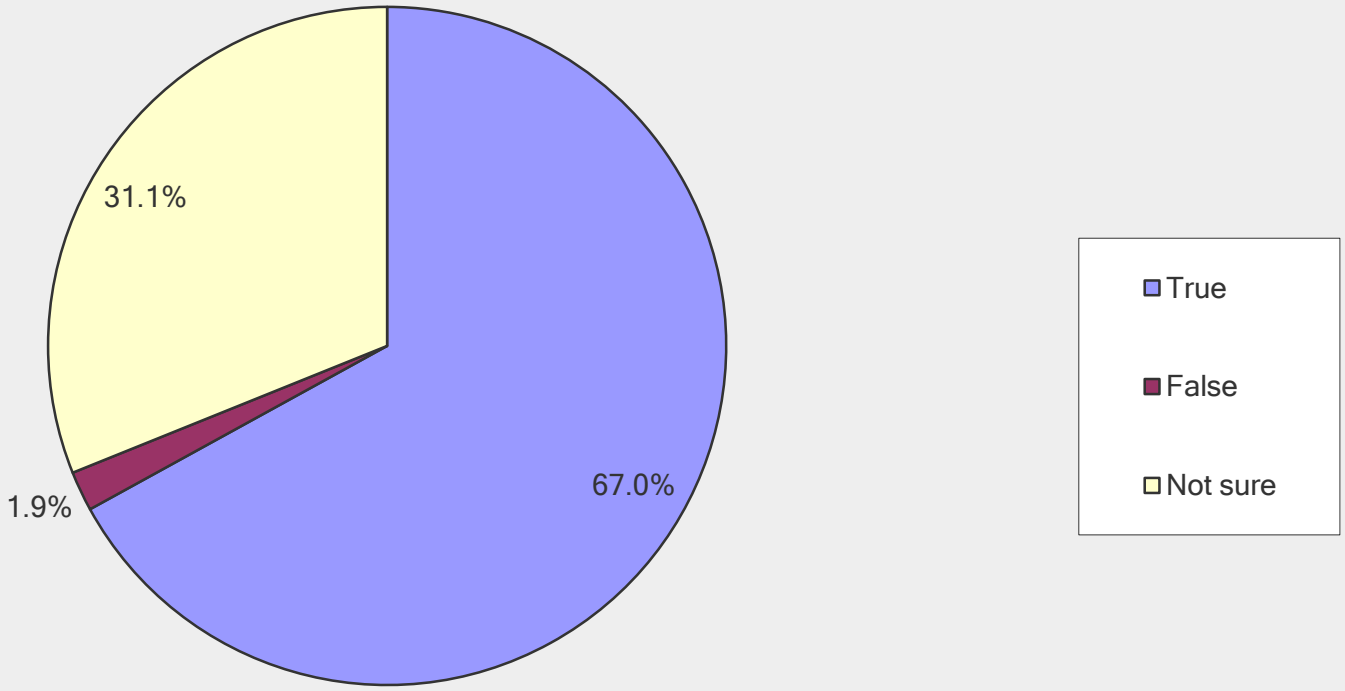
n=461

Antibacterial agents with activity against CRE are currently in advanced stages of clinical development and will be available for clinical use soon.



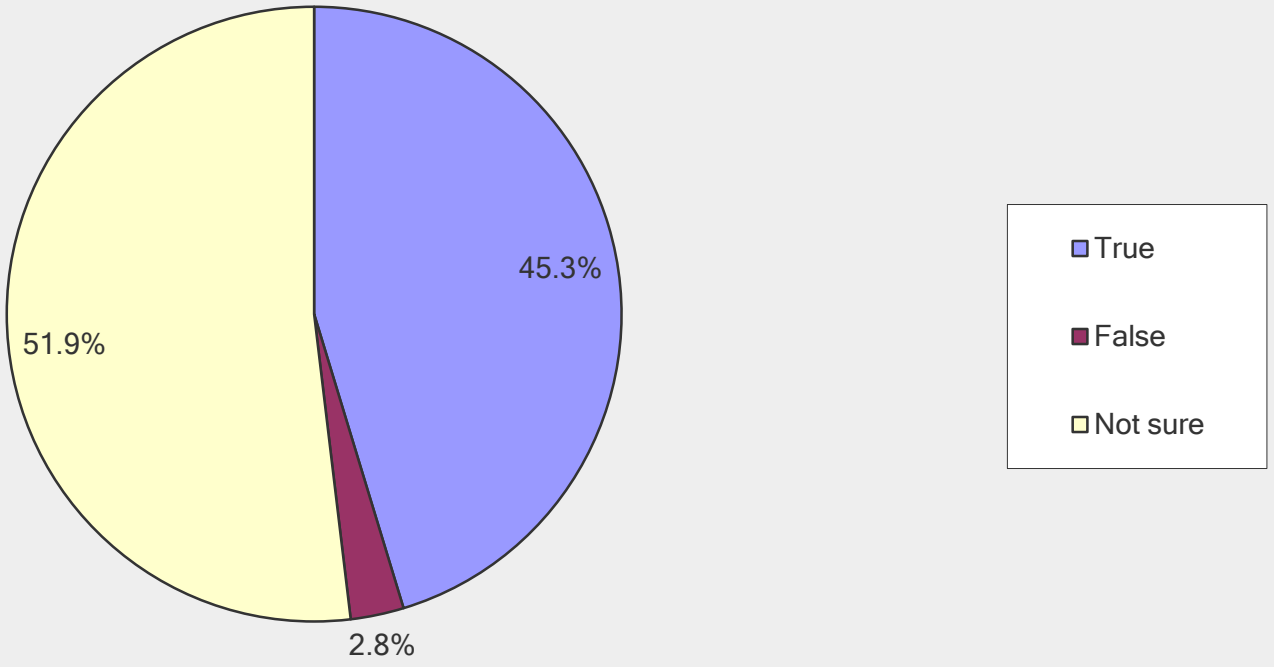
n=466

Persons may be carriers of CRE for extended periods of time and have no symptoms of active infection.



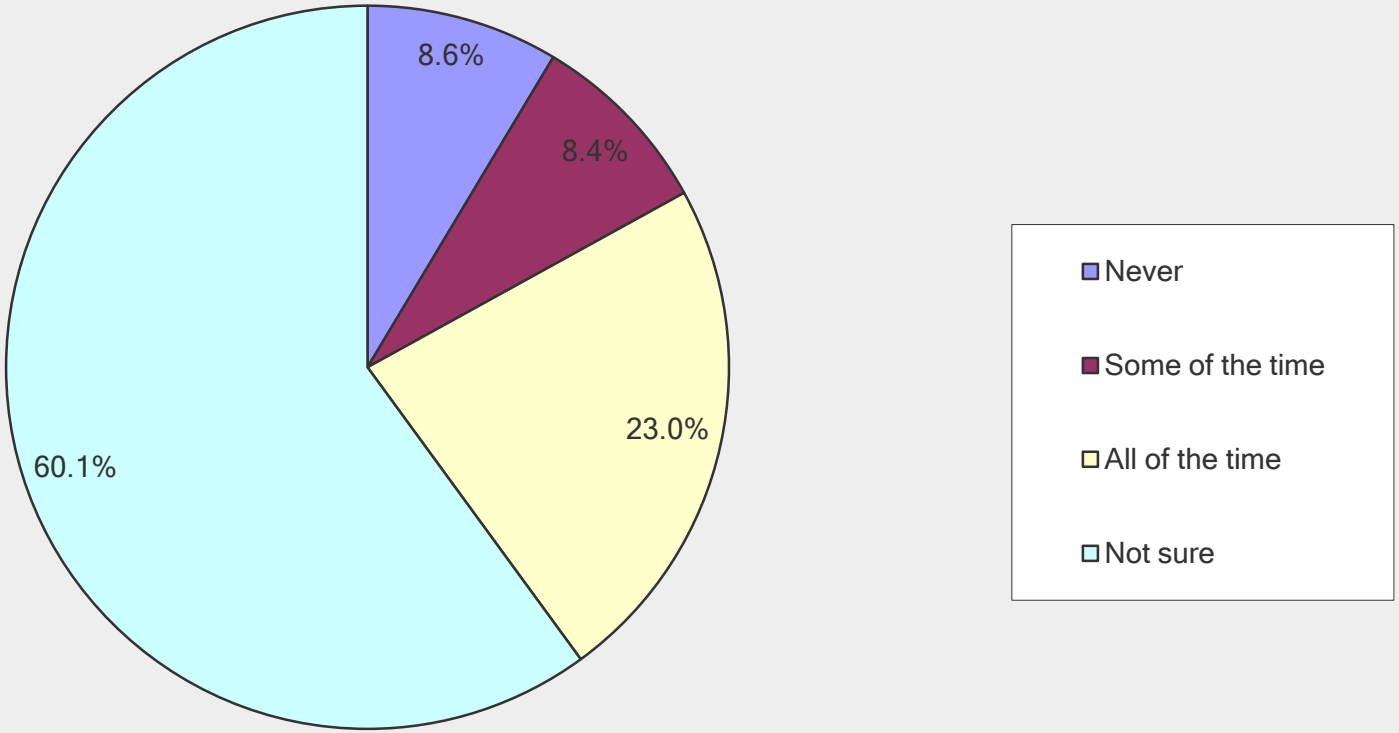
n=470

Carbapenemases, or enzymes that break down a carbapenem antibiotic, are the major mechanism of resistance in CRE isolates. The most common type of carbapenemase in the United States is the Klebsiella pneumoniae carbapenemase (KPC).



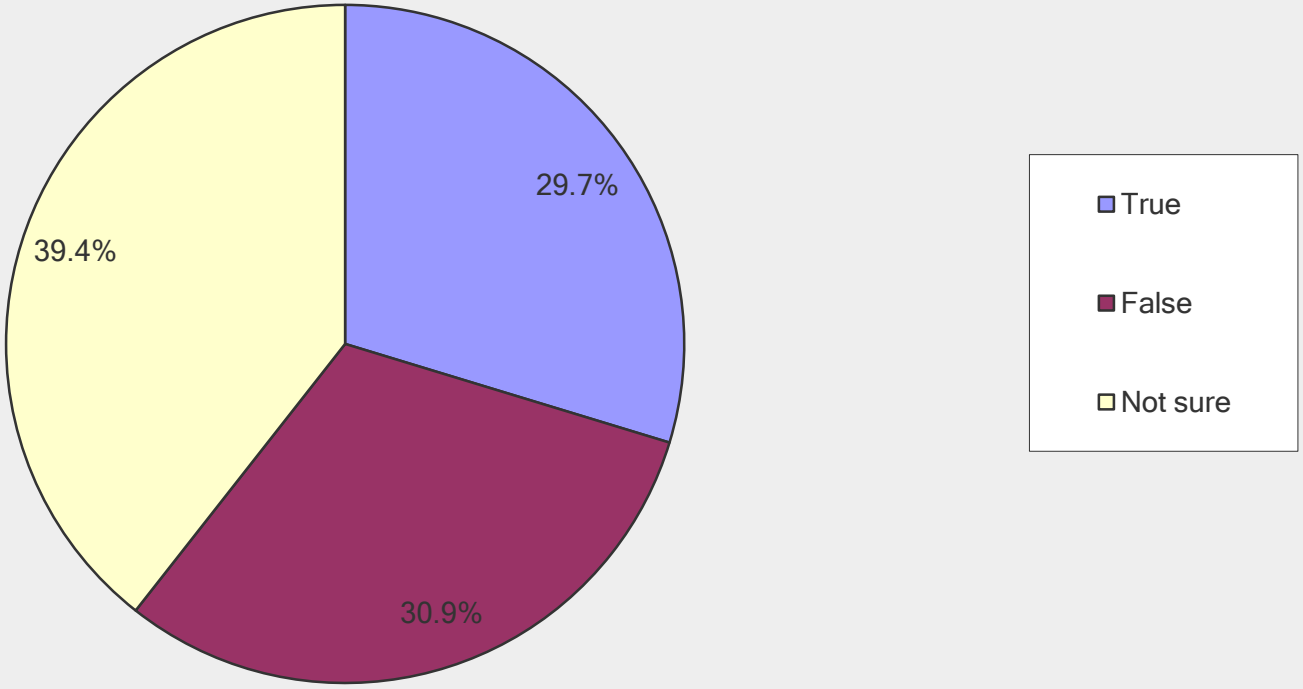
n=464

Do you practice CDC's "Guidance for Control of CRE 2012"?



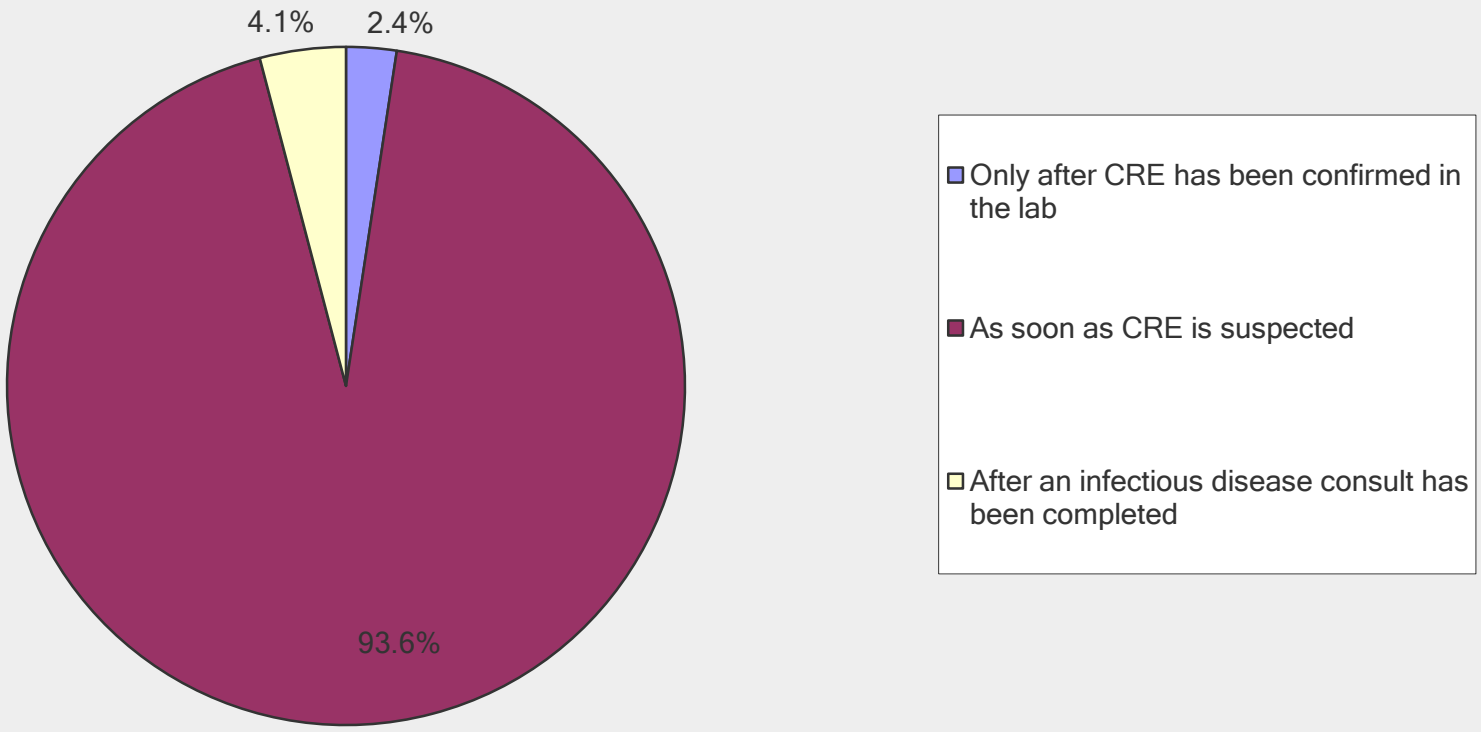
n=466

Alcohol-based hand sanitizer is not sufficient to kill CRE on the hands of health care workers.



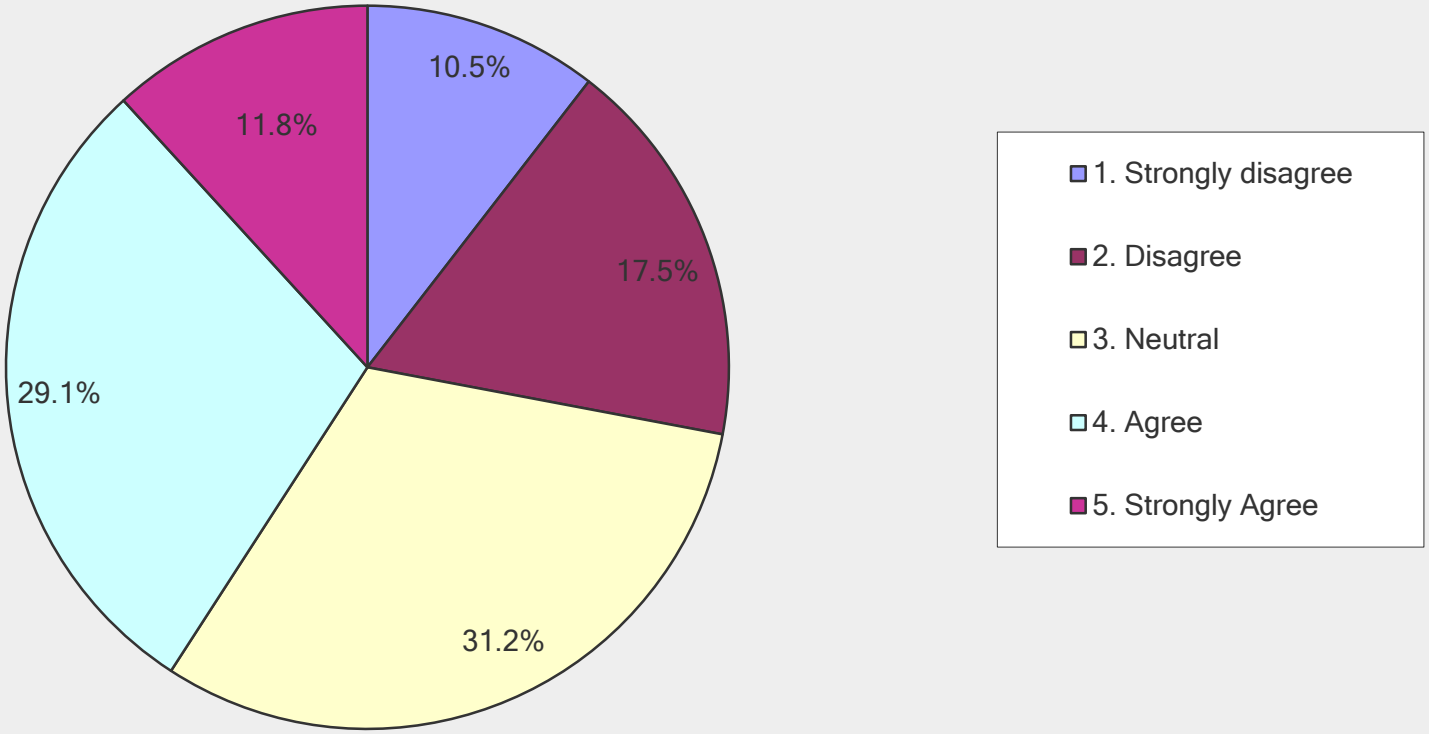
n=472

A patient admitted to a health care facility should be placed on contact precautions.



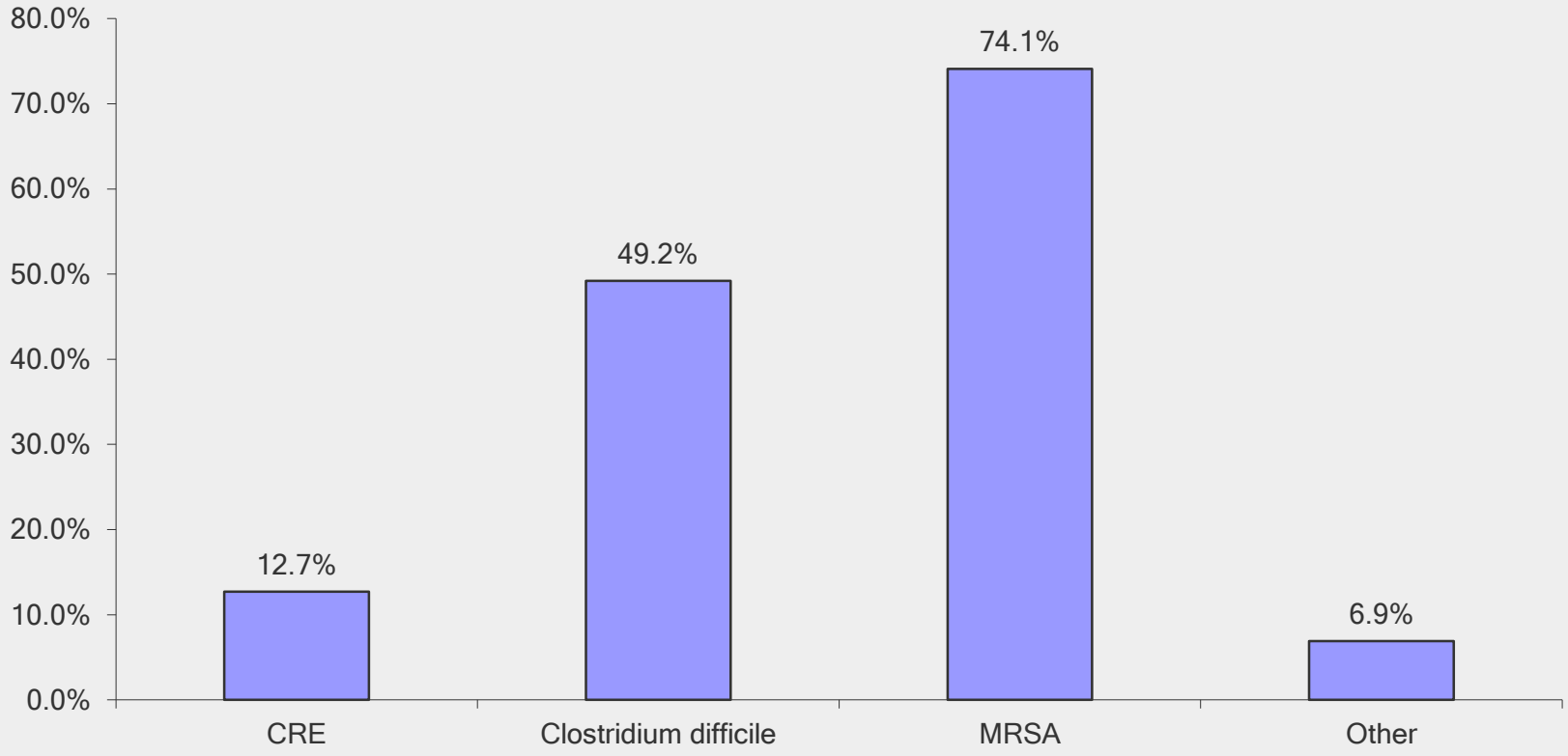
n=467

MDRO is a serious problem to your clinical practice or facility.



n=468

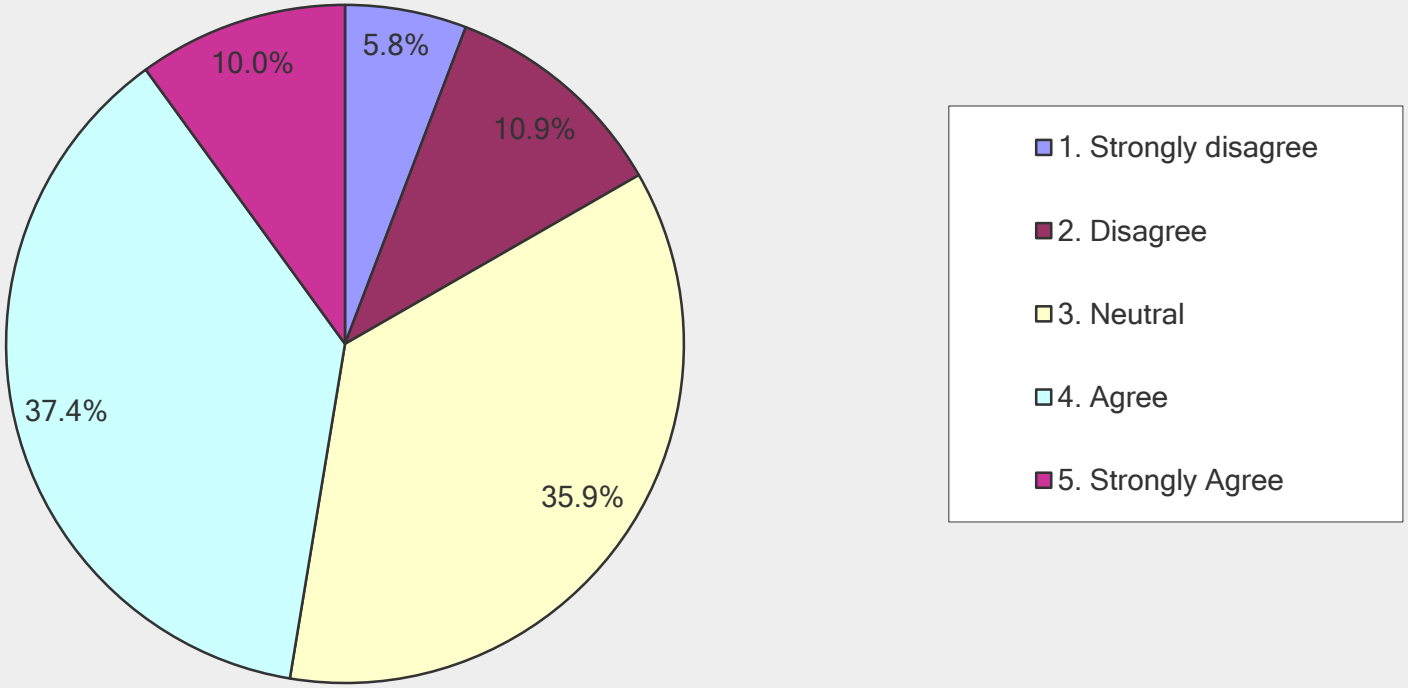
Since you answered "agree" or "strongly agree" to the previous question, what organism or infection presents the greatest challenge for you?



n=189

Top responses for those that marked “Other”
VRE
ESBL producing organisms
Multi drug resistant *E. coli*
Acinetobacter
Pseudomonas

MDRO will soon be a serious problem to your clinical practice or facility.

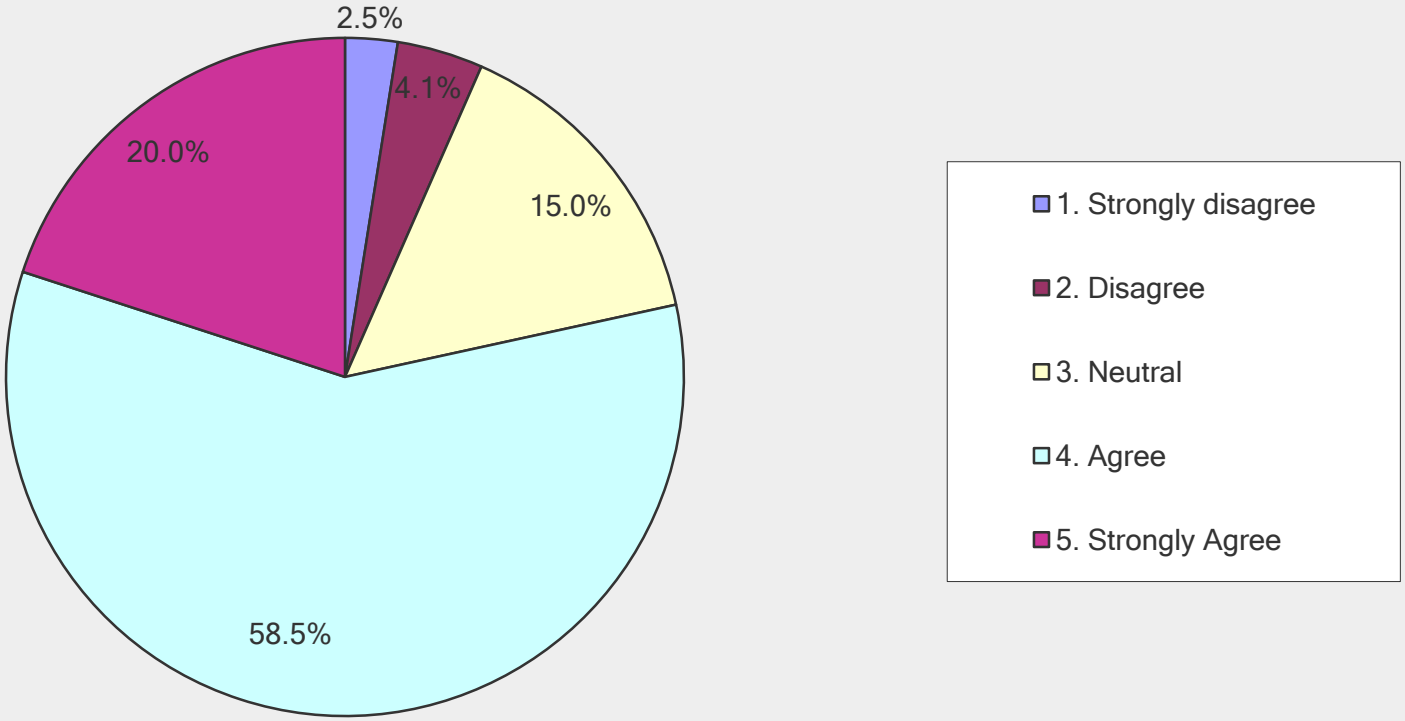


n=449

Since you answered “agree” or “strongly agree” to the previous question, please state why MDRO will soon be a serious problem. Top responses:
Over-prescribing of antibiotics due to patient demands/use of broad spectrum antibiotics
More organisms are becoming resistant
MDROs are difficult to treat/limited treatment options
Lack of new drugs in the pipeline
Hand hygiene adherence is not good enough
Poor compliance with universal precautions
Community acquired infections are on the rise

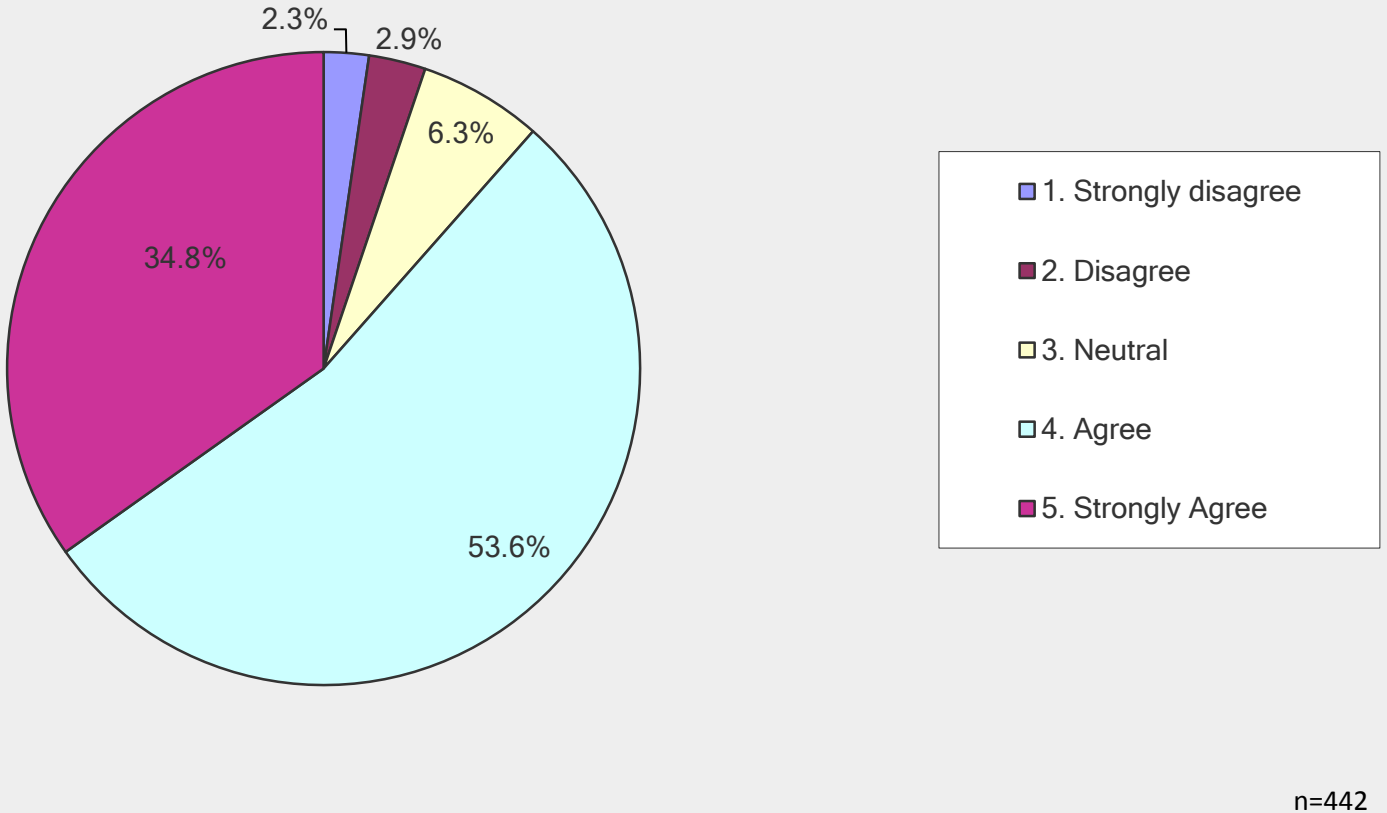
n=144

Hand hygiene and strict adherence to contact precautions will prevent the transmission of MDRO within health care facilities.



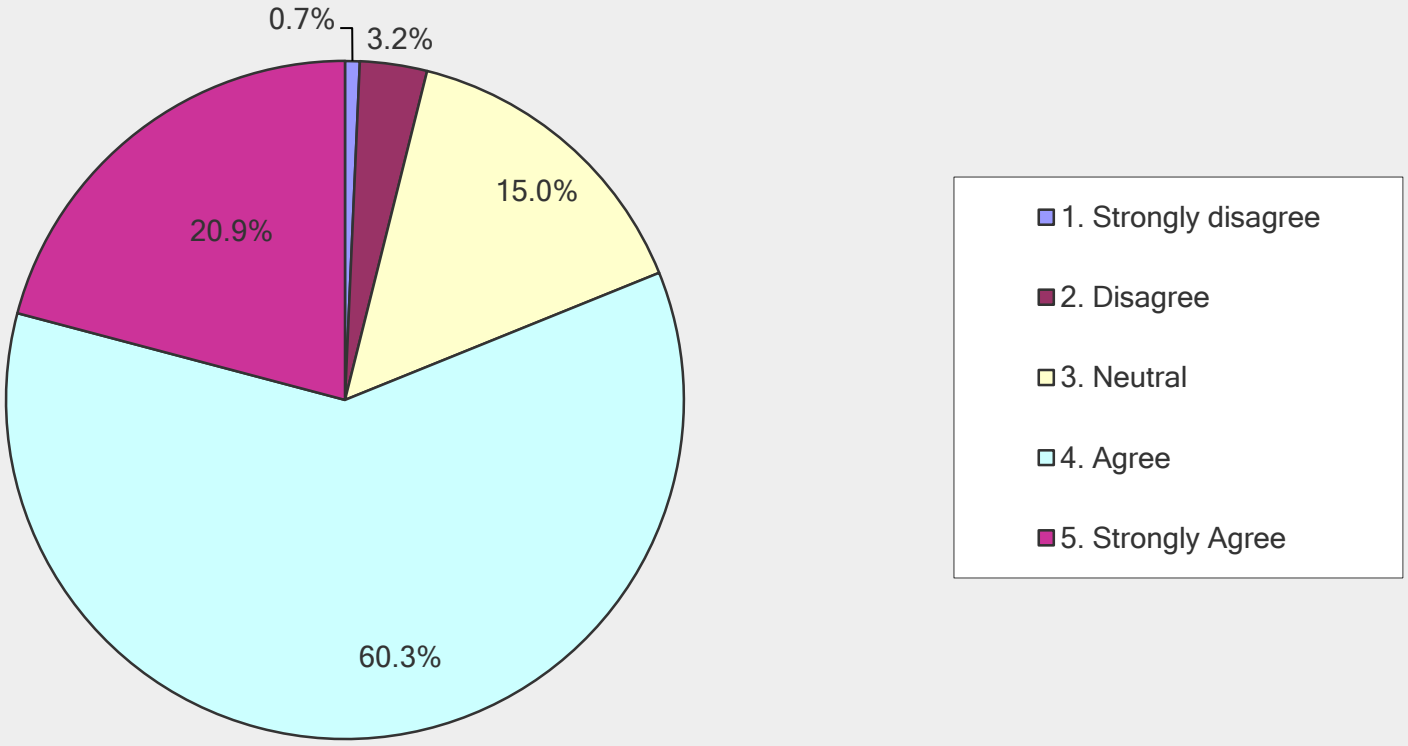
n=441

Judicious use of antibiotics and an effective antibiotic stewardship program will minimize the dissemination of antibiotic-resistance bacteria.



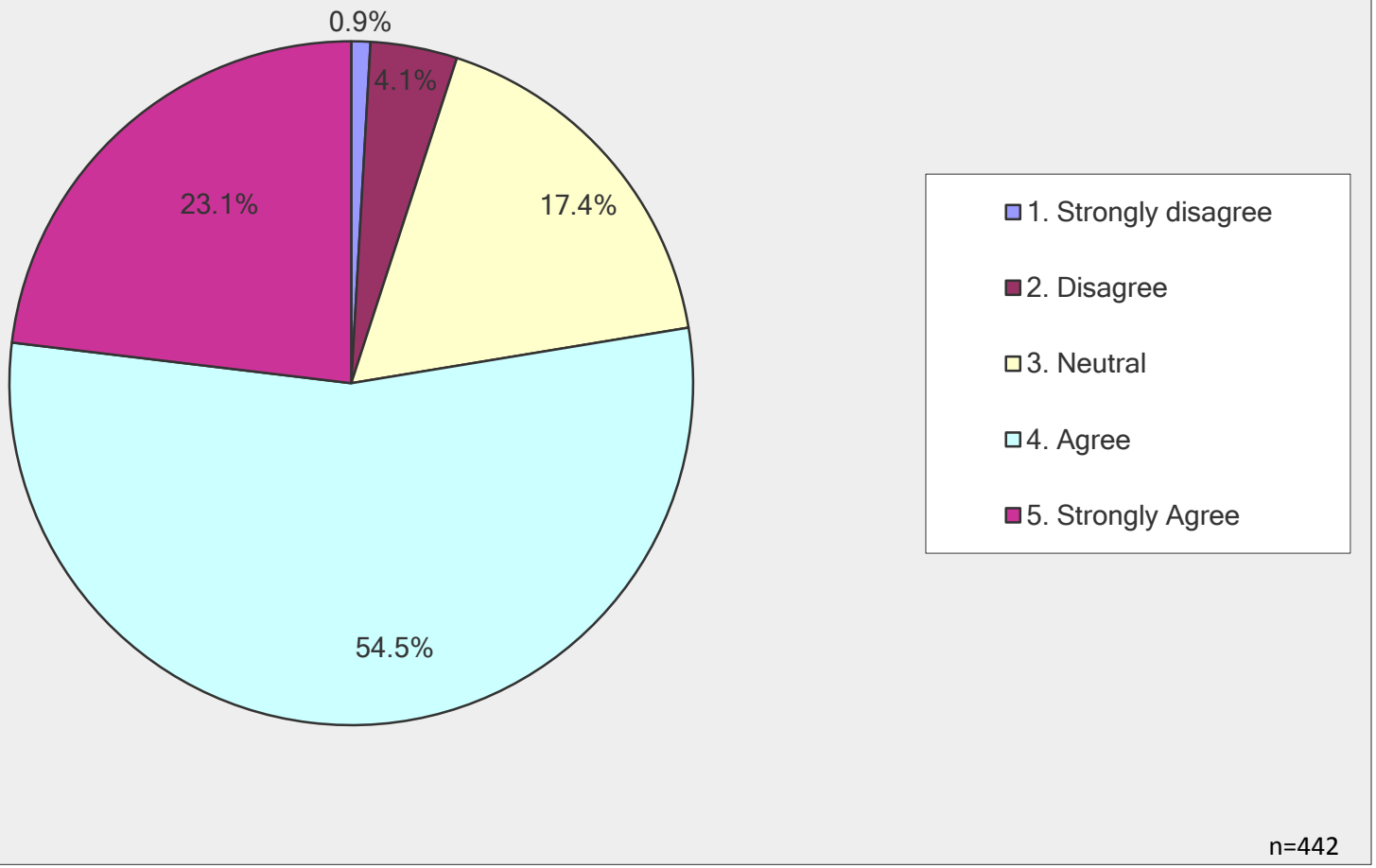
n=442

I would like more education on MDRO infection prevention measures.



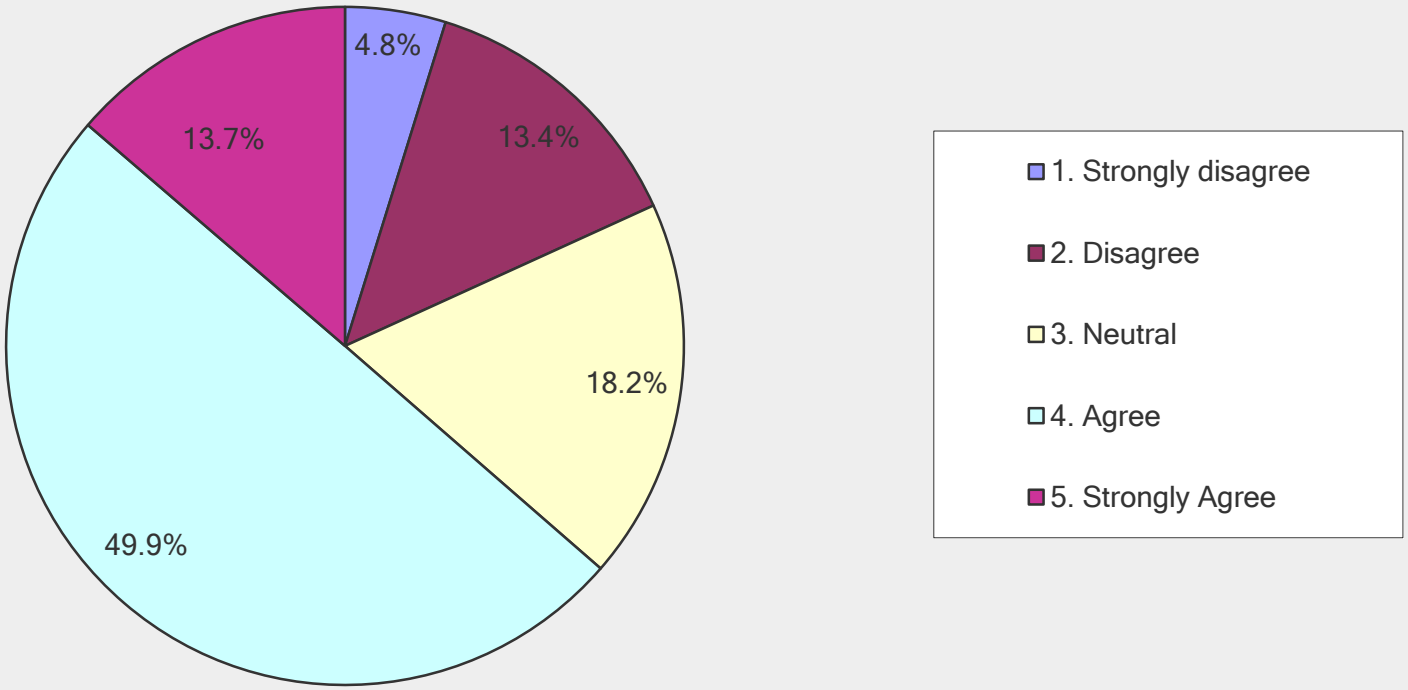
n=441

I would like more education on antibiotic stewardship programs.



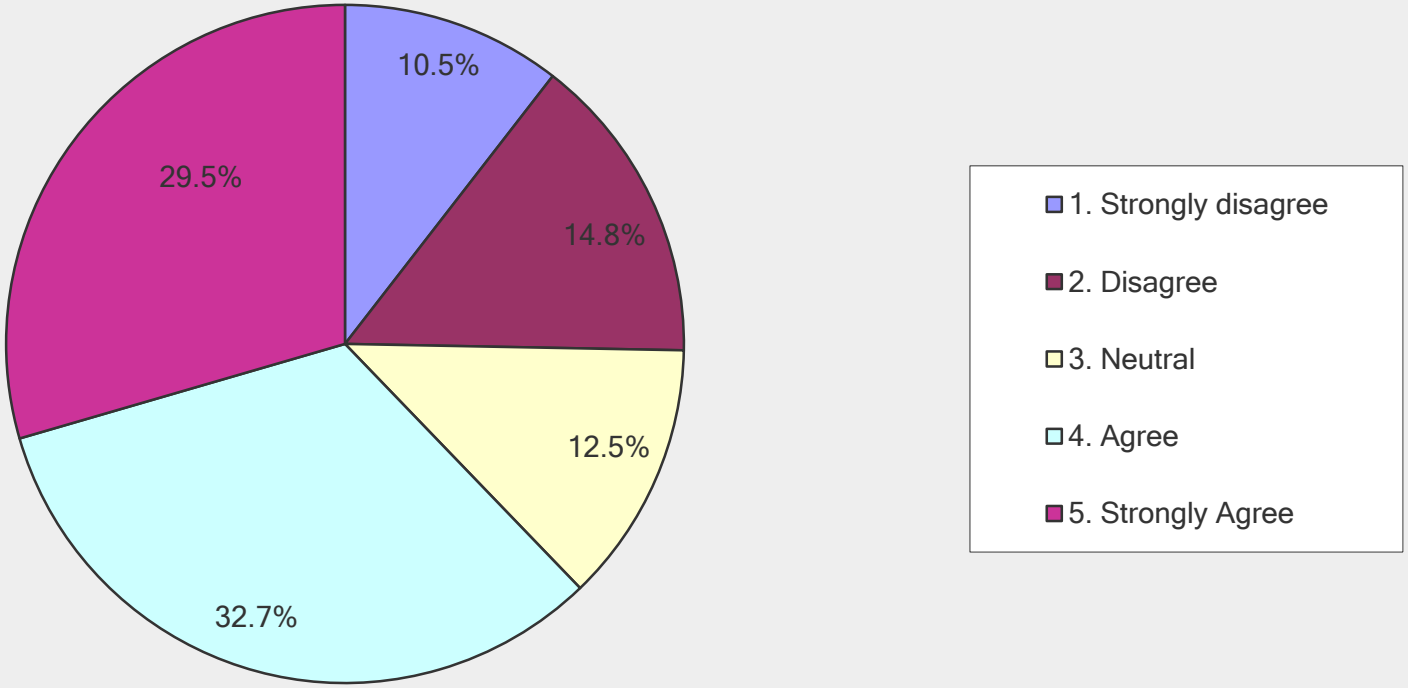
n=442

I feel confident in interpreting the results of microbiology susceptibility tests for antibiotic-resistant bacteria.



n=439

I have easy access to an infectious disease specialist who could assist in treatment of an MDRO-infected patient.



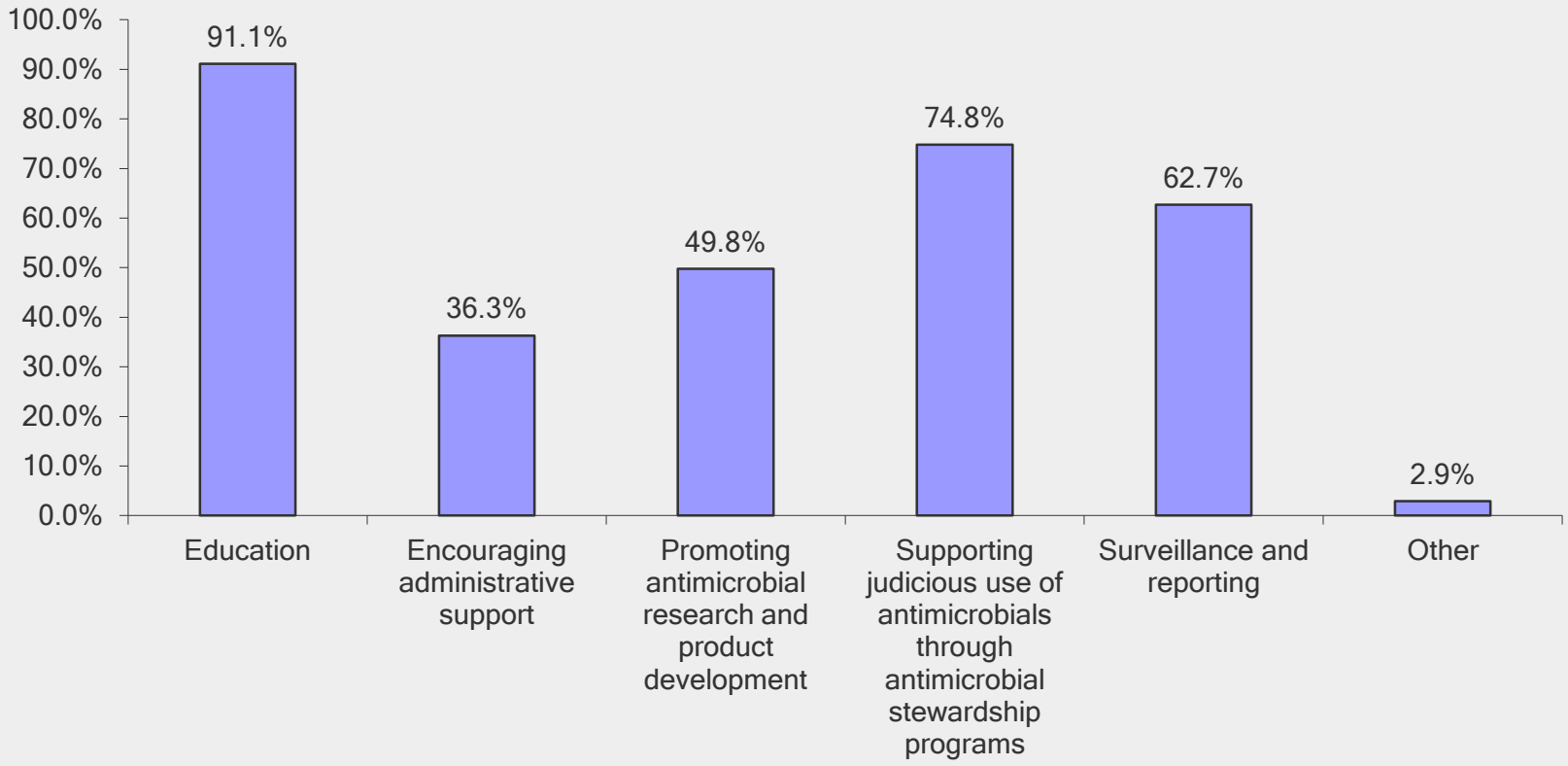
n=440

What challenges, if any, with MDRO (including CRE) do you have in your practice?

Limited access to infectious disease doctors/ specialists
Educating patients on proper antibiotic use
Adherence to contact & isolation precautions
Hand hygiene compliance
Lack of ID support
Early recognition of MDROs/CRE
Lack of antibiotic stewardship
MRSA
Clostridium difficile

n=180

Please describe any suggestions you have on how the Indiana Antibiotic Resistance Advisory Committee can help address the growing problem of MDROs



n=416

Top "Other" Responses:

Educate patients/general public on antibiotic use. Patients demand antibiotics.
Educate physicians/NPs who prescribe antibiotics.
Standard isolation practices across the continuum of care.
Support from administration when we don't prescribe antibiotics–there should be less emphasis on patient satisfaction scores and more on antibiotic stewardship.
Better communication between acute and long term care facilities
Better communication to the public. Simplify the message and send out via television, radio, etc…